

Odd Fellows Memorial Scholarship

THE PROGRAM

The fraternal organization known as the Independent Order of Odd Fellows began in 18th Century England where it was deemed odd to find people organized for the purpose of giving aid to those in need without recognition and pursuing projects for the benefits of all mankind. Bingham Lodge #14, Independent Order of Odd Fellows (“Odd Fellows”), was established in Idaho Falls in 1886. The organization has a long history pursuing service to the community, until the Lodge shut down in 2014.

In accordance with a desire to continue their legacy of service, in 2013 the members established the Odd Fellows Memorial Scholarship (*Odd Fellows Scholarship*) to provide financial assistance to Idaho Falls students who plan to pursue a post high school education at an approved school or training program within the state of Idaho.

The *Odd Fellows Scholarship* is for graduating high school seniors or currently matriculating sophomores or juniors in a post high school approved school or training program in the state of Idaho who also graduated from an Idaho Falls District 91 high school. There are two scholarships issued each year in the amount of \$5,000 per scholarship. At least one scholarship will be awarded to a graduating high school senior each year.

ELIGIBILITY

There are two ways to qualify for this scholarship:

- 1) Be a graduating senior at an Idaho Falls School District 91 school; or
- 2) Have graduated from an Idaho Falls School District 91 school, be a currently matriculating sophomore or junior at an approved school or training program within the State of Idaho, and never previously been awarded an Odd Fellow Memorial Scholarship.

APPLICATION

To apply, students must submit the following:

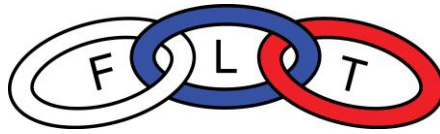
- A. A completed application form with parent or guardian signature
- B. A Parent/Guardian Information form
- C. A Personal Information form
- D. A Personal Essay form
- E. A History of Odd Fellowship Essay form
- F. One signed Letter of Recommendation form

SELECTION OF RECIPIENTS

Eligible applicants will be evaluated on the basis of information supplied. Emphasis will be placed upon student GPA (3.0-3.5 target), financial need, school involvement, community engagement, and future promise.

DUE DATE

Applications are available from all D91’s high school counseling offices, D91’s college and career advisors, D91’s District Office at 690 John Adams Parkway and the D91 Ed Foundation website. Applications are due **April 5, 2019**. They may be turned in to a high school guidance counselor or counseling office no later than the close of school on **April 5, 2019** or to the D91’s District Office no later than 4:30 pm on **April 5, 2019**.



Odd Fellows Memorial Scholarship

APPLICATION INSTRUCTIONS AND CHECKLIST

Dear Student,

Thank you for your interest in the Odd Fellows Memorial Scholarship. We are delighted you are applying, because obtaining an education is essential to being successful and making a difference in your own life and in the lives of others. We commend you for your determination to continue your education and the academic achievement you have already attained.

Please be thorough in completing this application. You are responsible for making sure all the forms are filled out properly and submitted on time. Use the checklist below to help you complete the application. Remember, your application is due **April 5, 2019**.

Best of Luck,
Members of Bingham Lodge #14 IOOF

General Application Instructions: Fill out the application completely. Please type (preferred) or complete in ink. Answer all questions thoroughly and thoughtfully.

- My **school counselor** has verified my GPA and initialed on the appropriate line.
- All forms are signed as needed by both student and parent or guardian.
- I have included **one** letter of recommendation from a teacher, counselor, coach, ecclesiastical leader, or other influential adult.
- I have answered each question completely and have not written on the backside of any page.
- I have reviewed my application with a parent, teacher, counselor, or other informed adult.
- I have proofread this application.
- I have typed or printed my name and the date application was signed at the bottom of each page of this application.
- I will submit 4 single-side, stapled copies of this application (do not include cover sheet or instructions).

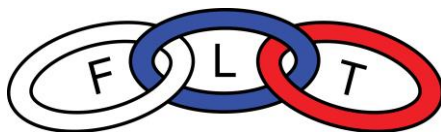
Incomplete applications will not be considered.

DUE April 5, 2019.

***NOTE:** If selected, you will be required to participate in an award ceremony, and you may also be asked to provide proof of your eligibility before claiming your award.*

PLEASE NOTE: If you are selected, the scholarship must be used within four (4) years of award. If it is not used within four (4) years of the award date, the scholarship will be forfeited.

The Scholarship Committee reserves the right to disqualify applicants who are found to have been dishonest or to have misrepresented themselves.



Odd Fellows Memorial Scholarship

APPLICATION

GENERAL INFORMATION (please type or print)

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip*

Telephone (Home) _____ (Other) _____

Parent or Guardian Name _____ Daytime Phone _____

Student e-mail _____ Student Date of Birth _____

School _____ GPA _____ Counselor Verification/Initials _____

Check the one that applies: I am a student in School District 91
 I am a student in an Idaho College or University* who graduated from a District 91 school and who has never previously received an Odd Fellow Memorial Scholarship.
Which District 91 School did you attend? _____

How did you hear about this Scholarship? _____

If you are attending an Idaho College or University you must attach a copy of your High School Transcript as well as a transcript from your current educational institution.

OTHER SCHOLARSHIPS AND GRANTS (please type or print)
Have you applied for other scholarships or grants? If so please list below the name, amount, and status of any grants or scholarships that have been granted or are still pending for your educational expenses. (Attach additional sheets if necessary.)

Name of Scholarship or Grant	\$ Amount	Granted	Pending

SIGNATURES. By signing this application I am stating that all information is truthful and accurate.*

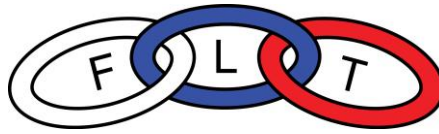
Student Signature Date

By signing this application I indicate that I have reviewed the information on my child's application and have found it to be truthful and accurate.* I hereby give my consent for my child to be considered for this scholarship.

Parent/Guardian Signature Date

The Odd Fellows Memorial Scholarship Committee reserves the right to disqualify any applicant that is found to be dishonest or inaccurate.
PLEASE NOTE: If the scholarship is awarded it must be used within four (4) years of award. If it is not used within four (4) years of the award date, it will be forfeited and returned to the educational foundation for re-award.

Student Name: _____ Date Signed: _____



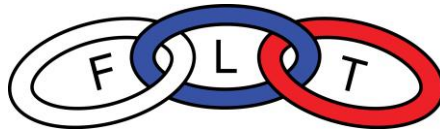
Odd Fellows Memorial Scholarship

PARENT/GUARDIAN INFORMATION

FINANCIAL INFORMATION (please type or print)
Please list Annual Income for both parents (adjusted gross income from last year's tax form). Estimates are sufficient.
Mother \$
Father \$
How many family members (including parents) received at least 50% of their support from this income last year?
After taking into account home and household expenses as well as other financial and legal obligations, how much will the parents be able to contribute toward the applicant's educational expenses in the coming school year?
How many college students, including the applicant, will your parents be supporting in the coming school year?
Please explain any extraordinary or extenuating circumstances (family, medical, or other financial aid-related issue, etc.) that will impact your parents' ability to contribute financially to your education goals in the coming year.

PARENT or GUARDIAN SIGNATURE. By signing this application you are stating that all information is truthful and accurate.*
Parent or Guardian e-mail (1) Parent or Guardian e-mail (2)
Daytime Phone (1) Daytime Phone (2)
Print or Type Parent or Guardian Name Signature Date Signed
*The Odd Fellows Memorial Scholarship Committee reserves the right to disqualify any applicant that is found to be dishonest or inaccurate.

Student Name: _____ Date Signed: _____



Odd Fellows Memorial Scholarship

FUTURE EDUCATION PLANS

If you are currently a High School Senior complete the following:

What Idaho post-secondary institutions are you considering?

Fields of Study that Interest you (rank your top 5 choices):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Aviation/Pilot | <input type="checkbox"/> Biology | <input type="checkbox"/> Business/Pre-MBA | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Economics | <input type="checkbox"/> Education |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> English/Humanities | <input type="checkbox"/> Fine Arts/Music | <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Military Science (ROTC) | <input type="checkbox"/> Other Social Science |
| <input type="checkbox"/> Physics | <input type="checkbox"/> Political Science | <input type="checkbox"/> Pre-Law | <input type="checkbox"/> Pre-Medical/Dental/Nursing |
| <input type="checkbox"/> Psychology | | | |
| <input type="checkbox"/> Other _____ | | | |

If you are a currently matriculating sophomore or junior at an Idaho post-secondary institution, complete the following:

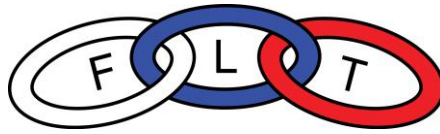
What is your major?

What is your minor?

PERSONAL INFORMATION AND EXPERIENCES

Please list your leadership experiences, school activities, outside activities, work experience, community service, etc. Include any other ways you contribute to your school, home, church, and community.

Student Name: _____ Date Signed: _____



Odd Fellows Memorial Scholarship

ADULT LETTER OF RECOMMENDATION

Please assess the applicant's character and strengths and how well the applicant is prepared to pursue his/her post-secondary education plans. We are interested in the applicant's potential for making positive contributions, intellectual promise, motivation, relative level of maturity, leadership potential, capacity for growth, special talents, etc. This information will be used to differentiate the student from others applying for this award. *(You may attach a separate, typed sheet if desired, be sure to sign and date. Please complete the signature box on this page below.)*

Position/Title/Organization: _____

Daytime Phone: _____

Print Name: _____

Relationship to Applicant: _____

Signature: _____

Date: _____

Student Name: _____

Date Signed: _____